

2007 State Aid Application Form Instructions

These instructions apply to the following:

County, City-County, Consolidated or Municipal Voted Tax Supported Library Districts

Please choose the forms according to the type of library you are.

	Instruction form: Application	Application form	Instruction form: Trustee	Trustee form
Municipal Voted Tax Supported Library Districts (<i>library supported by a voted property tax</i>)	2	7	8	9
Consolidated Library Districts	2	5	8	10
City-County Library Districts	2	6	8	11
County Library Districts	2	6	8	12
Regional Library Districts – (select form needed for each district).	2	6,7 and/or	8	13

Date & Location — Fill in the date the report was prepared and the name(s) of city or county/counties the library serves.

Fiscal Year for this Report - Reporting period — Fill in the beginning and ending dates of the fiscal year of this report (your most recent full fiscal year). Libraries having fiscal years ending June 30, 2006 shall consider July 1, 2005 to June 30, 2006 their most recent full fiscal year.

Items 1-8 to be completed by Library Director.

*Insert the word “**NONE**” in blanks where questions are not applicable.*

Item 5 — Provide county or counties that the library serves. Consolidated libraries give date of consolidation.

Item 7 — Provide the total amount of State Aid funds received during the fiscal year of this report. Do NOT include any Equalization funds your library might have received during this reporting period.

Item 8 — Check one or more items to show how your library used State Aid funds received during the fiscal year of this report. If available, give an estimated amount budgeted to each category. This information will be used in the FY2007 budget request for State Aid. Do not include any Equalization funds or Athlete & Entertainer tax funds your library may have received during this reporting period.

Items 9-17 to be completed by City or County official

(City Clerk, County Collector, or Treasurer).

Refer to forms filled out by library district and supplied to State Auditor's office to determine allowable tax levy for fiscal year of this report for items 10 and 14.

Item 9 — Official population of the city or county using 2000 U.S. Census figures will be provided by the State Library.

Item 10 — See 182.480 RSMo. Give the total assessed valuation of the City or County for the fiscal year of this report.

Item 11 — Report the actual library tax rate set by the Library Board and LEVIED during the fiscal year of this report (on \$100 valuation).

Item 12 — Report library tax income for the fiscal year of this report. Report the actual amount COLLECTED on assessed valuation and include delinquent and intangible taxes.

Item 13 — Report library tax rate on December 31, 1946 or on date of library's establishment (if library was established after 1946) (on \$100 valuation). Consolidated library districts report tax rate when consolidated.

Item 14 — Report library tax rate suggested by the State Auditor's Office for compliance with the Hancock Amendment during the fiscal year of this report (on \$100 valuation).

Item 15 — Provide the current library tax rate as approved by the voters of the library district.

Item 16 — If Line 11 is less than 10¢ (ten cents) or less than the amount reported on Line 13 or Line 14, state the reason for the reduction:

- ☐ Reduction due to Hancock rollback
- ☐ Voluntary reduction determined by Library Board
- ☐ Other (please state):

Item 17 — Certification signed by **city or county official** who provided the information. Include title of official and their telephone number. No wording of the certification section may be changed in any way by the city or county official.

Certification - By Library Officials (reverse side of application form)

Checklist

_____ Signed by **LIBRARIAN**.

_____ Signed by **TREASURER** of Library Board (RSMo 181.060.3 requires this to be the Treasurer who was elected by the Library Board, or may be another Board member officially designated by Board bylaws to serve in the Treasurer's absence. If the signature is from another Board member, please attach documentation to show authorization.).

_____ Application must be **NOTARIZED**.

_____ Please proof read your completed application.
Are all blanks filled in? Are all required signatures completed?

_____ State Aid Application and List of Trustees forms must be sent by certified mail (or any other means that will give you proof of date sent) and **postmarked by June 30, 2006.**

Mailing address:

**State Aid Application
Missouri State Library
600 West Main Street, P.O. Box 387
Jefferson City, MO 65102-0387**